

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

928

29580

**1. PLACE OF DEATH**

County Wright Registration District No. 908 File No. \_\_\_\_\_  
 Township Mountain View Primary Registration District No. 4549 Registered No. 1-714  
 City Mountain View St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Elmer Corder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-1-1872  
 7. AGE YEARS 56 MONTHS 2 DAYS 16 IF LESS than 1 day, hrs. 97 or min. 52

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House mfa  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Bowling Green (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Nathan Henry Hill  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Galusha (STATE OR COUNTRY) Ill.  
 12. MAIDEN NAME OF MOTHER Abigail Randle  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ill.

14. INFORMANT Mrs. A. B. Lankberry (Address) \_\_\_\_\_

15. FILED 8/30 1928 J. D. Ruben REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

7:30 PM

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-17- 1928  
 17. I HEREBY CERTIFY That I attended deceased from 7/11, 1928, to 8/17, 1928, that I last saw h. alive on 8/17, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

18A THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart failure  
Renalmy arthritis & kidney complications  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
 (duration) long yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

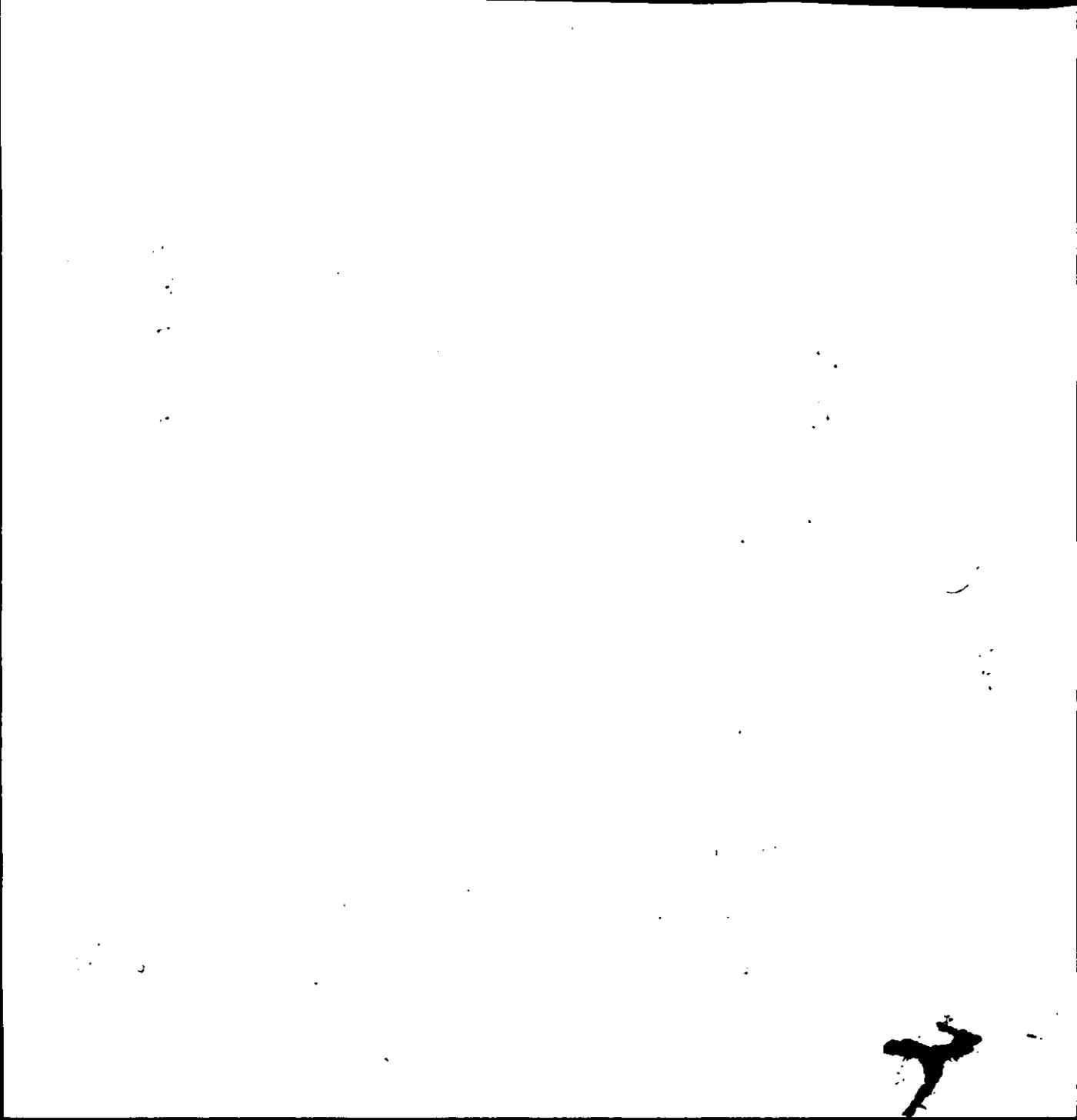
18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) J. D. Ruben, M. D.  
8/18, 1928 (Address) Mountain View, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Augusta, Ill. DATE OF BURIAL 8/17 1928

20. UNDERTAKER N. L. Bollen ADDRESS Mountain View, Mo



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Wright Registration District No. 908 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2549 Registered No. 374  
 City Mt Grove (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ada May border  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. \_\_\_\_ mos. \_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work \_\_\_\_\_
- (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_
- (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT \_\_\_\_\_  
 (Address) \_\_\_\_\_

15. FILED 8/30 19 28 J. C. Gibson  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-17-1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Heart failure Valvular  
Pulmonary asthma &  
Kidney complication  
gallbladder (duration) 2 yrs. 4 mos. 1 ds.  
 CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) 4 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address) \_\_\_\_\_

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_

DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPPLEMENTARY

S-29580